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APPLICANTS

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**** CONTINUING DATA *******

[Signature] This application is a CIP of 10/154,902 05/24/2002 PAT 6,783,009

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 10/29/2003

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 31	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Hydrodynamic-force-responsive baffle for liquid treatment basin

FILING FEE RECEIVED 651	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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